

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND SAFETY

0039636

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 41 Primary Registration District No. 3012 Registrar's No. 104 STATE FILE NUMBERVS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 18 months	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Spa-View Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle William Last Mc Kown		4. DATE OF DEATH Month October Day 28 Year 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/4/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee		10b. KIND OF BUSINESS OR INDUSTRY Ice Company	
11. BIRTHPLACE (City and state or country) Lawson, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David C Mc Kown		13b. MOTHER'S MAIDEN NAME Sarah Baker	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 79A		17. INFORMANT Address Edward Mc Kown, Ex. Spgs, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Gen. Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 5 minutes yrs yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pernicious anemia			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1958 , to Oct 28, 1964 and last saw her alive on Oct 16, 1964 Death occurred at 11:50 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George E. Sanders MD		22b. ADDRESS Excelsior Springs, Mo.	
22c. DATE SIGNED 10-29-64		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10/30/1964		23c. NAME OF CEMETERY OR CREMATORY Crown Hill	
23d. LOCATION (City, town, or county) Excelsior Springs, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Prichard Funeral Home, Excelsior Spgs, Mo		25. DATE RECD. BY LOCAL REG. 10-28-64	
26. REGISTRAR'S SIGNATURE Caroline Hutchings			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Van Landingham

Licensed Embalmer No. 4009

P. O. Address

Helena Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 10-28-64 B.H.